

COURT PETITION FOR ORDER TO TEST ACCUSED BLOOD

PREHOSPITAL CARE PERSONNEL'S PETITION

NAME AND ADDRESS OF COURT

NAME AND NUMBER OF CASE

TO THE CLERK OF THE COURT:

I declare under penalty of perjury that the following is accurate and true to the best of my knowledge and belief:

1. My name is (type or print)_____.

I am a (list occupation)_____.

2. On _____ (date and time) the accused interfered with my official duties as a _____ (occupation) by biting, scratching, spitting, or transferring blood or other bodily fluids to me. During the performance of my duties _____ (Identify the body fluid involved) was transferred to me).

3. The possible transfer of bodily fluid took place as the result of one or more of the following acts:
(Please check one or more)

() Resisting Care

() Other

4. On the basis of these facts and pursuant to Health and Safety Code Section 12106050-12106570, I request that this Court grant my petition for an order to test the accused blood for the Human Immunodeficiency Virus (HIV), hepatitis B, hepatitis C and such other communicable diseases as the Court deems appropriate.

Date

Prehospital Care Individual's Signature